Submit by Email

Print Form

Vernon Fire Department

Special Event / Public Assembly Application

4305 Santa Fe Ave, Vernon CA 90058
Office: 323-583-8811 ext. 281 / Fax: 323-826-1407
fireadministration@ci.vernon.ca.us

INSTRUCTIONS:

- **THIS APPLICATION MUST BE SUBMITTED 2 WEEKS PRIOR TO THE EVENT DATE WITH APPROPRIATE FEES.**
- **Entire application must be completed. Incomplete applications will be returned.**
- **Application can be submitted online, in person or by U.S mail to Vernon Fire Administration. Mailing Address: 4305 Santa Fe Ave., Vernon, CA 90058**
- **Make checks payable to: CITY OF VERNON**

OFFICE USE ONLY	ACCOUNT NUMBER 011.1033.410271	PERMIT FEE $107.00 / PER HR.
	PERMIT NUMBER	FORM OF PYMT CHECK / VISA / CASH
	CHECK / CARD NO.	TOTAL

APPLICANT INFORMATION	
Name of Company/Organization:	
Business Address:	Contact Name:
Email Address:	Phone Number:
Location of Event (If different from above):	
Description of Event:	
Date(s) of Event:	Hrs. of Event:
***An inspection is REQUIRED before the event starts. Specify when you will be ready for an inspection:**	
Date:	Time:

☐ Yes ☐ No	Site plans, including location of tables, chairs, stages, aisles, exits, displays, booths, parking areas, etc. The plan shall have dimensions and/or scale indicated.
☐ Yes* ☐ No	Will tents or canopies be used at the event that exceeds 400 sq. ft.? (Certificate of flame retardant required). *If yes, please provide details; a separate permit may be required:
☐ Yes* ☐ No	Will there be cooking on site? **(Vernon Health Dept. must be notified 323-583-8811 ext. 233)**. *If yes, what type(s) of fuel will be used:
☐ Yes ☐ No	Will alcohol be served?
☐ Yes ☐ No*	Provide Certificate of flame retardant for all decorations, if used. *If no, please explain:
	Contact for decorations: / Phone Number:
☐ Yes* ☐ No	Will candles/open flame devices be used? *If yes, please explain:
☐ Yes ☐ No	Does the event location have sufficient vehicle parking sites(s) for attendees?
☐ Yes ☐ No	Does the event location have sufficient restroom facilities?
Total anticipated occupant load (# of attendees) inside building/tent and/or outside area:	

NOTE: This is NOT a permit. A permit will be issued upon compliance with all applicable requirements.

The Applicant or Authorized Agent affirms that all the information contained herein is true and correct to the best of his/her knowledge. This application may be denied for false statements and/or nonpayment of all fees owed to the City of Vernon.

X _____ Date _____